

## **Application Data Sheet**

### **Application Information**

Application number::

Filing Date::

Application Type:: Regular

Subject Matter:: Utility

Suggested classification::

Suggested Group Art Unit::

CD-ROM or CD-R??::

Number of CD disks::

Number of copies of CDs::

Sequence Submission:: Yes

Computer Readable Form (CRF)?::

Number of copies of CRF::

Title:: Modulators of Angiogenesis and Tumorigenesis

Attorney Docket Number:: 021044-005820US

Request for Early Publication:: No

Request for Non-Publication:: No

Suggested Drawing Figure::

Total Drawing Sheets:: 20

Small Entity?:: Yes

Latin name::

Variety denomination name::

Petition included?:: No

Petition Type::

Licensed US Govt. Agency::

Contract or Grant Numbers One::

Secrecy Order in Parent Appl.: No

### **Applicant Information**

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: James  
Middle Name:: B.  
Family Name:: Lorens  
Name Suffix::  
City of Residence:: Bønes  
State or Province of Residence::  
Country of Residence:: Norway  
Street of Mailing Address:: Kraakenesveien 10  
City of Mailing Address:: Bønes  
State or Province of mailing address::  
Country of mailing address:: Norway  
Postal or Zip Code of mailing address:: N-5152

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Robert  
Middle Name:: E.  
Family Name:: Atchison  
Name Suffix::  
City of Residence:: San Francisco  
State or Province of Residence:: CA  
Country of Residence:: US  
Street of Mailing Address:: 631 O'Farrell Street, #911  
City of Mailing Address:: San Francisco  
State or Province of mailing address:: CA

Country of mailing address:: US  
Postal or Zip Code of mailing address:: 94109

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Anabella  
Middle Name::  
Family Name:: Frieria  
Name Suffix::  
City of Residence:: South San Francisco  
State or Province of Residence:: CA  
Country of Residence:: US  
Street of Mailing Address:: 229 Carmelo Lane  
City of Mailing Address:: South San Francisco  
State or Province of mailing address:: CA  
Country of mailing address:: US  
Postal or Zip Code of mailing address:: 94080

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: United Kingdom  
Status:: Full Capacity  
Given Name:: Sacha  
Middle Name::  
Family Name:: Holland  
Name Suffix::  
City of Residence:: San Francisco  
State or Province of Residence:: CA  
Country of Residence:: US  
Street of Mailing Address:: 518 Foerster Street, Apt. B  
City of Mailing Address:: San Francisco

State or Province of mailing address:: CA  
Country of mailing address:: US  
Postal or Zip Code of mailing address:: 94127

### **Correspondence Information**

Correspondence Customer Number:: 20350

### **Representative Information**

Representative Customer Number:: 20350

### **Domestic Priority Information**

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	non-provisional of	60/421,989	10/29/02
This Application	non-provisional of	60/	10/17/03

### **Foreign Priority Information**

Country::	Application number::	Filing Date::
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### **Assignee Information**

Assignee Name::  
Street of mailing address::  
City of mailing address::  
State or Province of mailing address::  
Country of mailing address::  
Postal or Zip Code of mailing address::